

though he bore no traces of recent or old syphilis. Finally, three weeks having elapsed, a small ulcer was found in the coronary sulcus, which soon became indurated, whereupon the reaction suddenly turned negative and remained negative until the appearance of the rash, when it again became positive.

Wassermann himself then participated in the discussion and protested against ascribing the conflicting or confusing results to the method of sero-diagnosis as such. The numerous hospitals for which the tests were made in the Wassermann laboratory had no complaints to make of fallacious or capricious results. He recognized only one Wassermann reaction, that one which was performed strictly according to his directions and with the reagents recommended by him. He had purposely guarded against making the test too sensitive, contenting himself with positive results in 98% of syphilitic individuals; for if too sensitive it might occasionally have branded a non-syphilitic person as syphilitic. Such a slight inaccuracy in the method was deemed harmless, for there had never been any intention of eliminating the physician himself from the solution of the diagnostic problem.

It seems a well-warranted conclusion that the Wassermann reaction, if properly carried out, is of great service in practice. But the reagents are difficult to procure, if the requirements of the original method are to be satisfied, and the test is complicated. It is incumbent upon the practitioner, before acting blindly on the results reported to him from a laboratory, to inquire into the method employed. He will best inform himself as to the trustworthiness of the answers given to his questions by correlating the laboratory findings with his clinical observations in as many cases as possible. Ultimately the agreements or disagreements must show him where to put his faith.

THE ST. LOUIS MEETING OF THE A. M. A.

That the St. Louis meeting of the A. M. A. was a success, goes without saying, and the fact that the attendance was below that of Chicago, two years ago, or that of some of the Atlantic City meetings does not in the least lessen the success. There is the highest authority for the statement that if a few are gathered together in the right spirit success is in their midst, and here there were many times a few. St. Louis itself is not the best arranged city for such a gathering. The meeting halls are all at a considerable distance from the hotels, necessitating long street-car trips, and the opportunities for getting satisfactory lunches in the neighborhood of the halls are few, but even in spite of this we went to the meetings and no one starved. The weather was propitious. Many had feared a hot wave, but instead we had cool and rainy weather, and those of

us who do not often see good old fashioned thunder storms had one for a special treat. It surcharged the Missouri river and washed out a few bridges, while some cyclones and whirlwinds unroofed a number of buildings and nearly blew down the granite-built state penitentiary, just to show visitors from the earthquake belt that the middle west is not wholly asleep by the banks of her big waterways.

It is impossible for one individual to speak of the work of all the sections—therefore this résumé must be limited to one, or to two at the most. The one is the surgical section, the second is the pathological.

It can be said at once that there was no great paper presented unless it was that of Crile regarding hyper-thyroidism and the treatment of the enlarged thyroid with the symptom complex of Basedow's disease. It is not within the function of this article to review the substance of the papers presented and so this mention must suffice with the advice that the paper be read as soon as it is published, for it offers a new view point of the etiology, pathology and treatment. Rodman's paper on carcinoma of the mamma was notable both because of his insistence on the need of a frozen section diagnosis in each case before operation, and also because he had presented a similar paper at the American Surgical Association a month before. If the matter had not seemed to him of great importance he would not have repeated his advice so soon. Grant's paper on Nerve Anastomosis, Sherk's on Abdominal Injuries, Ely's on Tuberculosis of the Adult Knee Joint, Bevan's resurrection of Suppurative Peritonitis, are all worthy of careful study. Finally the special paper of the session, the Oration on Surgery, by Abbe, of New York, gave a very fair and full exposition of what is known about and can be done with the master riddle of modern chemistry, Radium. That Crile should be selected to be chairman and Bottomly, secretary, suited all and Los Angeles will have a surgical treat when this, the largest and most catholic surgical association of the United States, meets there next year.

It may not be a malapropos, even at this time, to express the hope that a suitable hall or auditorium shall be available in Los Angeles. Many of the men who have the best things to-day do not show custom in speaking in public rooms of large size, and either speak too low even for those with sharp ears, or else address their remarks to the chairman alone. A proper lectern should be provided, situated at the best point for easy speaking to the audience, so that all may hear, and those who discuss the papers should be in the same or an equally well situated place. It seems a pity, too, that telephone messages for members in the audience should have to be constantly announced on the stage, but if it is a positive necessity, it should be arranged for so that the announcement may be made with the least annoyance of those who are listening to the papers or discussions.

The symposium on Cancer in the section on Pathology and Physiology was interesting and all of the papers should be read. All the viewpoints about cancer were occupied and by such men as Loeb of

Philadelphia, Levin of New York, Tyzzer and Mallory of Boston, and Weil of New York. Mallory's photomicrographs, enlarged on the screen, are marvels of accurate presentations of morphological conditions. Finally the surgeon pathologist, Bloodgood of the Johns Hopkins Hospital, closed the symposium with a paper on the results of surgical treatment of various types of carcinoma.

The whole group of papers will give a good exposition of the cancer question as it is thought of to-day and as it is being studied.

In the same section the experimental work of Eisendrath and Straus, of Chicago, on Experimental Ischemia of the Kidney was of practical value to the surgeon, while the studies of Robertson and Chelsea of Minneapolis, on the unsolved problem of the Bacteriology of Acute Anterior Poliomyelitis is of especial interest because of the pandemic of that disease in the United States during the last ten years.

The surgical section was quite satisfied that one of its prominent members—who might perhaps be called one of the teaching members of the section—should be chosen to become President of the Association. John B. Murphy, of Chicago, merits the honor and as a surgeon is a fit successor of Welch, the pathologist, and Gorgas, the sanitarian. The duties of a president are, no doubt, to a great extent perfunctory, but with the stimulus of this honor it is not unreasonable to expect that President Murphy, as head of the medical profession in America, during his incumbency of the high office, may attack and solve some other hard problems in surgical therapeutics, and add to the measures which must always be called by his name.

EMPYRICISM VS. RATIONALISM IN SURGERY.

The average man is sometimes a trifle disinclined to think for himself. He has a good memory and readily learns, parrot-like, the technique of operations. He thinks of operations by the names of the men who described them, rather than by the principles involved and their relative advantages and disadvantages, and proceeds to perform these operations as *set procedures*. He is afraid to leave the beaten path and dare not allow his mind liberty to scheme an operation to suit the case, but instead must do an "Alexander," a "Bassini" or a "Tuttle." He deadens his mechanical sense and is a copier. He uses just such a drain, some certain suture material or a certain chemical in the dressing, not from a knowledge of the various kinds and a judicious selection, but because some other uses it or that he is accustomed to it. Like the theological student, his armament is built on faith. This, of course, does not apply to our many progressive surgeons, but more to the average man who does surgery.

Just as it is better and more rational in prescribing to compile a prescription to suit the case, based on the action of the individual drugs, than to rely on the mysterious healing effect of some worshiped prescription, so in surgery, it is better to learn the principles and processes in the repair of tissues and the effects of different procedures on the physiology, pathology and repair. Under this guid-

ance the work may be done unhindered by convention and with a surety of result.

If the surgeon views the patient always from the physiological standpoint, the measures possible for mending him will always be apparent. For instance, if in a plethoric obese woman in the Trendelenburg position the pulse should become impalpable, the surgeon instead of simply giving stimulants, will understand that the flabby heart has become gorged and has dilated, and he will immediately put the patient in the head up position to drain the blood from the heart, cause the heart to contract down by both cardiac massage and a hypodermic of digitalin and give artificial respiration. If the patient for operation be moribund from shock, the surgeon who understands the principles involved will probably carry him through the operation successfully. He will increase the blood pressure by bandaging the limb, tipping the patient head down and transfusing additional blood into him. He will then operate quickly to minimize the time of anesthesia and deftly to avoid trauma to the tissues. He will use an anesthetic which does not add to the shock, such as a local one or nitrous oxide and oxygen, and in operating will do as little as possible but just enough and of the right things to allow the patient to heal himself.

A well-balanced judgment is a rare gift and it seems that the one idea man is the more numerous. How often do we see a man putter around in the abdomen for hours, bent on super attention to all details, with a total disregard to duration and amount of trauma and the effect of the anesthetic on the patient. Another may devote all his attention to speed, consequently spilling intestinal contents through the abdomen, allowing excessive hemorrhage and crudely adjusting the tissues. One will use silk ligatures, thinking only of the small knot and forgetful that insoluble ligatures give trouble. Another applies a strong disinfectant to the wound to kill germs and disregards the injury it does to the tissues.

The same operative procedures are done in different parts of the country in many different ways and with different materials, but with much the same results. There are, however, just a few underlying principles that are common to all these methods, and the wise surgeon considers these only and adopts the simplest and most efficient methods for their attainment.

The three ways which seem best suited for furthering the progress of surgery are the following, and each is necessary to supplement the others:

First. Careful attention to the development of diagnosis.

Second. The compilation of the clinical courses of thousands of operative cases into statistics, and from these selecting the procedures that give the best results and adopting them. This is exemplified by the Mayos.

Third. The constant trial of new principles and ideas developed from consideration of physiological principles and the consigning of all unsolved problems or clinical failures to the laboratory to be worked out. This method is typified by the work of Crile.